

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8260

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>SP 6415 Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4942 Moffatt Pl</u>			
3. NAME OF DECEASED (Type or Print) <u>Haywood</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Beeman</u>		4. DATE OF DEATH Month <u>August</u> Day <u>27</u> Year <u>1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>	8. DATE OF BIRTH <u>May 6, 1894</u>		9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>58</u> DAYS <u>58</u> HOURS <u>58</u> MIN. <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Robertha Beeman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lennie Dupree</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Rheumatic Heart Disease with Mitral and Aortic Valvular Disease</u> DUE TO (c) <u>Undetermined</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION <u>8-27-52</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. INCIDENT <u>Suicide</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? <u>410X 476X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>8-27-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>8-25</u> , 19 <u>52</u> , to <u>8-27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>52</u> , and that death occurred at <u>11:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles R. Bards</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>8-28-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washburn Park</u>		24d. LOCATION (City, town, or county) (State) <u>99th Nature Bridge</u>	
DATE REC'D BY LOCAL REG. <u>SEP 2 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burt & Daughter</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Yendell

Licensed Embalmer No. *462*

P. O. Address *Woburn, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Local Registrar's No. 8260.....

My Commission expires. 9-7-37 Charles C. Adams Notary Public.

Sup - 32728